

STUDENT COMMENT SHEET

THIS FORM MAY BE USED TO SUGGEST IMPROVEMENTS, REPORT COURSE ERRORS,  
OR TO REQUEST HELP IF YOU HAVE DIFFICULTY COMPLETING THE COURSE.

**NOTE: IF YOU HAVE NO COMMENTS, YOU DO NOT HAVE TO SUBMIT THIS FORM.**

Date \_\_\_\_\_

FROM:

\_\_\_\_\_  
RATE/RANK/GRADE, NAME (FIRST, M.I., LAST)

\_\_\_\_\_  
STREET ADDRESS, APT #

\_\_\_\_\_  
CITY, STATE, ZIP CODE

DSN: \_\_\_\_\_

Commercial: \_\_\_\_\_

FAX: \_\_\_\_\_

INTERNET: \_\_\_\_\_

To:       COMMANDING OFFICER  
          NETPDTC   N313  
          6490 SAUFLEY FIELD RD  
          PENSACOLA FL 32509-5237

Subj:   *NRTC DENTAL TECHNICIAN, VOLUME 1, NAVEDTRA 12572*

1.    The following comments are hereby submitted:

PRIVACY ACT STATEMENT

Under authority of Title 5, USC 301, information regarding your military status is requested to assist in processing your comments and in preparing a reply. This information will not be divulged, without written authorization, to anyone other than those within DOD for official use in determining performance.

.....(Fold along dotted line and staple or tape).....

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## **DEPARTMENT OF THE NAVY**

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**COMMANDING OFFICER  
NETPDTC N313  
6490 SAUFLEY FIELD RD  
PENSACOLA FL 32509-5237**

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**OFFICIAL BUSINESS**

**COMMANDING OFFICER  
NETPDTC N313  
6490 SAUFLEY FIELD RD  
PENSACOLA FL 32509-5237**

PRINT OR TYPE

TITLE \_\_\_\_\_ NAVEDTRA \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

Last First Middle Street/Ship/Unit/Division, etc.

City or FPO State Zip

RANK/RATE \_\_\_\_\_ SSN \_\_\_\_\_ DESIGNATOR \_\_\_\_\_ ASSIGNMENT NO. \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

☐ USN ☐ USNR ☐ ACTIVE ☐ INACTIVE OTHER (Specify) \_\_\_\_\_

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1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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SCORE

